

FILED DEC 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 39397

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2881</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch (rural)</u>		c. LENGTH OF STAY (in this place) <u>587 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2119</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4554 Aldine</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Luther</u>		b. (Middle) <u>-</u>		c. (Last) <u>Holder</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>11-27-50</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>4-12-95</u>		9. AGE (In years last birthday) <u>55</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 YEAR Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Little Rock, Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>George Holder</u>			
13b. MOTHER'S MAIDEN NAME <u>Delia Swift</u>				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W.W.I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Koch Hospital Records</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>002X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-19-49</u> , 19 <u>49</u> , to <u>11-27-50</u> , that I last saw the deceased alive on <u>11-27-</u> , 19 <u>50</u> , and that death occurred at <u>8:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert B. Stone MD</u>				23b. ADDRESS <u>Robert Koch Hospital</u>		23c. DATE SIGNED <u>11-28-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo</u>	
DATE REC'D BY LOCAL REG. <u>11/29/50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donker MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hines Brod</u>			
				ADDRESS <u>3644 Finney Ave</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 19 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Ronnie V. Atkins

Signed
Student Embalmer

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney Rd*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.